

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51	
2	1						52	
3	1						53	
4		1					54	
5		1					55	
6		1					56	
7	1						57	
8							58	
9	1						59	
10		3					60	
11		3					61	
12		3					62	
13		3					63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		3					68	
19		3					69	
20		1					70	
21		1					71	
22		1					72	
23		1					73	
24		3					74	
25		3					75	
26		3					76	
27		3					77	
28		3					78	
29		3					79	
30		3					80	
31		3					81	
32		3					82	
33		3					83	
34		3					84	
35		3					85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5						TOTAL IND.	
TOTAL DEP.	63						TOTAL DEP.	
TOTAL CLAIMS	70						TOTAL CLAIMS	

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS